

Issued: 11/98

Appendix 23

PRIOR AUTHORIZATION DENTAL ATTACHMENT REQUEST FORM (PA/DA) COMPLETION GUIDELINES

When completing prior authorization (PA) requests, thoroughly answer all appropriate questions. Provide enough key information for Wisconsin Medicaid dental consultants to make a reasonable judgement about the case. This will decrease the number of resubmissions and prevent denials due to inadequate information.

All dentists requesting PA need to complete the following:

Service requested	Pages to complete
Additional dental visits or cleanings	PA/DRF and PA/DA page 1
Orthodontia	PA/DRF and PA/DA page 1
Endodontics, Periodontics, Partial dentures	PA/DRF and PA/DA pages 1 and 2
Partials, Dentures	PA/DRF and PA/DA pages 1, 2, and 3

Attach the appropriate pages of the completed PA/DA form to the Prior Authorization Dental Request Form (PA/DRF) and submit to the following address:

Prior Authorization Unit
EDS
Suite 88
6406 Bridge Road
Madison WI 53784-0088

HEADER COMPLETION INSTRUCTIONS – ALL PA/DA PAGES

The numeric information in the boxes at the top of each page of the PA/DA form must be completed. This information ensures accurate tracking of the PA/DA form with the PA/DRF form through the PA review process. This form will be returned to you for completion if this numeric information is not provided at the top of each page of the PA/DA form you submit.

DESCRIPTION	INSTRUCTIONS
WRITE IN PA #	Write in the red, preprinted number stamped at the top of the PA/DRF form.
RECIPIENT'S MEDICAID ID #	Enter the recipient's 10-digit Medicaid number exactly as it appears on the Medicaid identification card.
BILLING PROVIDER #	Enter the billing provider's 8-digit Medicaid provider number.
PERFORMING PROVIDER # (if different)	The performing provider is the dentist who will actually provide the service. You only need to complete this section if the performing provider is different from the billing provider.

PA/DA COMPLETION INSTRUCTIONS

PAGE 1 — Complete all questions on Page 1 of the PA/DA for all dental or orthodontic PA requests.

PAGE 2 — For endodontic PA requests, complete questions 1, 2, 3, 4, 5, 6, 8.

For periodontic PA requests, complete questions 1, 2, 3, and 7.

For partial denture PA requests, complete questions 1, 2, 3, 8, and 9.

PAGE 3 — Complete all questions on Page 3 for partials and dentures.